VILLA PINES LIVING CENTER

201 SOUTH PARK STREET, P.O. BOX 130

FRIENDSHIP 53934 Phone: (608) 339-3361 Ownership: Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No
Number of Beds Set Up and Staffed (12/31/03): 99 Title 18 (Medicare) Certified? Yes
Total Licensed Bed Capacity (12/31/03): 102 Title 19 (Medicaid) Certified? Yes
Number of Residents on 12/31/03: 79 Average Daily Census: 79

	Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	용
No No	Primary Diagnosis					15.2 38.0
No	Developmental Disabilities	0.0	Under 65	3.8	More Than 4 Years	20.3
No No	Mental Illness (Org./Psy) Mental Illness (Other)	3.8	75 - 84		•	73.4
No	Alcohol & Other Drug Abuse		•		•	*****
No No	Para-, Quadra-, Hemiplegic Cancer		•			dents
No No	Fractures					
No	Cerebrovascular				RNs	11.6
No	Diabetes			-		9.8
No	±. ±.		•			42.2
No	Other Medical Conditions		•		•	43.3
No		100.0	 	100.0	 	
	NO NO NO NO NO NO NO	No Primary Diagnosis No No Developmental Disabilities No Mental Illness (Org./Psy) No Mental Illness (Other) No Alcohol & Other Drug Abuse No Para-, Quadra-, Hemiplegic No Cancer No Fractures No Cardiovascular No Cerebrovascular No Diabetes No Respiratory Other Medical Conditions No	No Primary Diagnosis	No Primary Diagnosis	No Primary Diagnosis	No Primary Diagnosis

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	315	53	100.0	115	1	100.0	103	10	100.0	140	0	0.0	0	0	0.0	0	79	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	.j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		53	100.0		1	100.0		10	100.0		0	0.0		0	0.0		79	100.0

******	*****	*****	*****	****	*****	*****	*****
Admissions, Discharges, and	1	Percent Distributio	n of Residents'	Condit	ions, Services,	and Activities as of 12/	31/03
Deaths During Reporting Period							
	- 1				% Needing		Total
Percent Admissions from:	I	Activities of	ે	As	sistance of	% Totally	Number of
Private Home/No Home Health	6.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.3	Bathing	1.3		75.9	22.8	79
Other Nursing Homes	1.8	Dressing	6.3		73.4	20.3	79
Acute Care Hospitals	82.8	Transferring	19.0		32.9	48.1	79
Psych. HospMR/DD Facilities	2.5	Toilet Use	20.3		36.7	43.0	79
Rehabilitation Hospitals	0.6	Eating	77.2		19.0	3.8	79
Other Locations	1.8	*****	*****	*****	*****	*******	*****
Total Number of Admissions	163	Continence		용	Special Treat	ments	용
Percent Discharges To:	1	Indwelling Or Exter	nal Catheter	5.1	Receiving R	espiratory Care	24.1
Private Home/No Home Health	18.3	Occ/Freq. Incontine	nt of Bladder	53.2	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	11.0	Occ/Freq. Incontine	nt of Bowel	38.0	Receiving S	uctioning	0.0
Other Nursing Homes	5.5				Receiving O	stomy Care	2.5
Acute Care Hospitals	39.0	Mobility			Receiving T	ube Feeding	0.0
Psych. HospMR/DD Facilities	1.8	Physically Restrain	ied	3.8	Receiving M	echanically Altered Diets	35.4
Rehabilitation Hospitals	0.0						
Other Locations	1.8	Skin Care			Other Residen	t Characteristics	
Deaths	22.6	With Pressure Sores	1	5.1	Have Advance	e Directives	69.6
Total Number of Discharges		With Rashes		10.1	Medications		
(Including Deaths)	164				Receiving P	sychoactive Drugs	55.7

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit		100	-199	Ski	lled	Al.	1
	Facility Peer Gr		Group	Peer	Group	Peer	Group	Faci	lities
	8	% % Ratio		8	% Ratio		% Ratio		Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	77.5	86.2	0.90	84.0	0.92	84.0	0.92	87.4	0.89
Current Residents from In-County	77.2	78.8	0.98	80.7	0.96	76.2	1.01	76.7	1.01
Admissions from In-County, Still Residing	16.6	24.5	0.67	21.5	0.77	22.2	0.75	19.6	0.84
Admissions/Average Daily Census	206.3	110.9	1.86	135.6	1.52	122.3	1.69	141.3	1.46
Discharges/Average Daily Census	207.6	116.1	1.79	137.2	1.51	124.3	1.67	142.5	1.46
Discharges To Private Residence/Average Daily Census	60.8	44.0	1.38	62.4	0.97	53.4	1.14	61.6	0.99
Residents Receiving Skilled Care	100	94.4	1.06	94.8	1.05	94.8	1.05	88.1	1.14
Residents Aged 65 and Older	96.2	96.1	1.00	94.5	1.02	93.5	1.03	87.8	1.10
Title 19 (Medicaid) Funded Residents	67.1	68.3	0.98	71.9	0.93	69.5	0.97	65.9	1.02
Private Pay Funded Residents	12.7	22.4	0.57	17.4	0.73	19.4	0.65	21.0	0.60
Developmentally Disabled Residents	0.0	0.6	0.00	0.6	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	15.2	36.9	0.41	31.8	0.48	36.5	0.42	33.6	0.45
General Medical Service Residents	30.4	17.2	1.76	21.1	1.44	18.8	1.61	20.6	1.48
Impaired ADL (Mean)	51.6	48.1	1.07	47.6	1.09	46.9	1.10	49.4	1.04
Psychological Problems	55.7	57.5	0.97	57.6	0.97	58.4	0.95	57.4	0.97
Nursing Care Required (Mean)	9.7	6.8	1.42	7.8	1.24	7.2	1.35	7.3	1.32